

117TH CONGRESS
1ST SESSION

H. R. 2709

To amend title 10, United States Code, to ensure that members of the Armed Forces and their families have access to the contraception they need in order to promote the health and readiness of all members of the Armed Forces, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 20, 2021

Ms. SPEIER (for herself, Ms. STRICKLAND, Ms. ESCOBAR, Mr. AGUILAR, Mr. AUCHINCLOSS, Mr. BERA, Mr. BISHOP of Georgia, Mr. BLUMENAUER, Ms. BLUNT ROCHESTER, Ms. BONAMICI, Mr. BROWN, Ms. BROWNLEY, Ms. BUSH, Mr. CÁRDENAS, Mr. CARSON, Ms. CASTOR of Florida, Ms. CHU, Mr. CICILLINE, Ms. CLARKE of New York, Mr. COHEN, Mr. CONNOLLY, Mr. COOPER, Mr. DANNY K. DAVIS of Illinois, Ms. DEAN, Mr. DEFAZIO, Ms. DEGETTE, Ms. DELAUBRE, Ms. DELBENE, Mr. DEUTCH, Mr. FOSTER, Ms. LOIS FRANKEL of Florida, Mr. GALLEGOS, Mr. GRIJALVA, Mrs. HAYES, Mr. HIMES, Mr. HORSFORD, Ms. HOULAHAN, Mr. HUFFMAN, Ms. JACKSON LEE, Ms. JACOBS of California, Ms. JAYPAL, Mr. JOHNSON of Georgia, Mr. JONES, Mr. KEATING, Mr. KHANNA, Mr. KILMER, Mrs. KIRKPATRICK, Ms. KUSTER, Mr. LARSEN of Washington, Mrs. LAWRENCE, Mr. LAWSON of Florida, Ms. LEE of California, Mr. LEVIN of California, Mr. LIEU, Mr. LOWENTHAL, Mr. MALINOWSKI, Mr. SEAN PATRICK MALONEY of New York, Mrs. CAROLYN B. MALONEY of New York, Mrs. MCBATH, Ms. MCCOLLUM, Mr. McGOVERN, Ms. MENG, Ms. MOORE of Wisconsin, Mr. MORELLE, Mr. MOULTON, Mr. NADLER, Mrs. NAPOLITANO, Mr. NEGUSE, Ms. NEWMAN, Ms. NORTON, Ms. OMAR, Mr. PANETTA, Mr. PAPPAS, Mr. PAYNE, Mr. PETERS, Ms. PINGREE, Ms. PORTER, Ms. PRESSLEY, Mr. PRICE of North Carolina, Mr. QUIGLEY, Mr. RASKIN, Miss RICE of New York, Ms. ROSS, Mr. RYAN, Mr. SABLAN, Ms. SÁNCHEZ, Mr. SARBANES, Ms. SCANLON, Ms. SCHAKOWSKY, Mr. SCHIFF, Ms. SCHRIER, Mr. SHERMAN, Mr. SIRES, Mr. SWALWELL, Mr. TAKANO, Ms. TITUS, Mr. VEASEY, Ms. VELÁZQUEZ, Ms. WASSERMAN SCHULTZ, Mr. WELCH, Ms. WILLIAMS of Georgia, Mr. YARMUTH, Mr. KAHELE, Mr. O'HALLERAN, and Ms. WILSON of Florida) introduced the following bill; which was referred to the Committee on Armed Services

A BILL

To amend title 10, United States Code, to ensure that members of the Armed Forces and their families have access to the contraception they need in order to promote the health and readiness of all members of the Armed Forces, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Access to Contracep-
5 tion for Servicemembers and Dependents Act of 2021”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) Women are serving in the Armed Forces at
9 increasing rates, playing a critical role in the na-
10 tional security of the United States. Women com-
11 prise more than 18 percent of members of the
12 Armed Forces, and as of fiscal year 2019, over
13 390,000 women serve on active duty in the Armed
14 Forces or in the reserve components. An estimated
15 several thousand transgender men also serve on ac-
16 tive duty in the Armed Forces and in the reserve
17 components, in addition to non-binary members and
18 those who identify with a different gender.

19 (2) Ninety-five percent of women serving in the
20 Armed Forces are of reproductive age and as of

1 2019, more than 700,000 female spouses and de-
2 pendents of members of the Armed Forces on active
3 duty are of reproductive age.

4 (3) The TRICARE program covered more than
5 1,570,000 women of reproductive age in 2019, in-
6 cluding spouses and dependents of members of the
7 Armed Forces on active duty. Additionally, thou-
8 sands of transgender dependents of members of the
9 Armed Forces are covered by TRICARE.

10 (4) The right to access contraception is ground-
11 ed in the principle that contraception and the ability
12 to determine if and when to have children are inex-
13 tricably tied to one's wellbeing, equality, and ability
14 to determine the course of one's life. These protec-
15 tions have helped access to contraception become a
16 driving force in improving the health and financial
17 security of individuals and their families.

18 (5) Access to contraception is critical to the
19 health of every individual capable of becoming preg-
20 nant. This Act is intended to apply to all individuals
21 with the capacity for pregnancy, including cisgender
22 women, transgender men, non-binary individuals,
23 those who identify with a different gender, and oth-
24 ers.

1 (6) Studies have shown that when cost barriers
2 to the full range of methods of contraception are
3 eliminated, patients are more likely to use the con-
4 traceptive method that meets their needs, and there-
5 fore use contraception correctly and more consist-
6 ently, reducing the risk of unintended pregnancy.

7 (7) Under the TRICARE program, members of
8 the Armed Forces on active duty have full coverage
9 of all prescription drugs, including contraception,
10 without cost-sharing requirements, in line with the
11 Patient Protection and Affordable Care Act (Public
12 Law 111–148), which requires coverage of all con-
13 traceptive methods approved by the Food and Drug
14 Administration for women and related services and
15 education and counseling. However, members not on
16 active duty and dependents of members do not have
17 similar coverage of all methods of contraception ap-
18 proved by the Food and Drug Administration with-
19 out cost-sharing when they obtain the contraceptive
20 outside of a military medical treatment facility.

21 (8) In order to fill gaps in coverage and access
22 to preventive care critical for women's health, the
23 Patient Protection and Affordable Care Act (Public
24 Law 111–148) requires all non-grandfathered indi-
25 vidual and group health plans to cover without cost-

1 sharing preventive services, including a set of evi-
2 dence-based preventive services for women supported
3 by the Health Resources and Services Administra-
4 tion of the Department of Health and Human Serv-
5 ices. These women's preventive services include the
6 full range of female-controlled contraceptive meth-
7 ods, effective family planning practices, and steriliza-
8 tion procedures, approved by the Food and Drug
9 Administration. The Health Resources and Services
10 Administration has affirmed that contraceptive care
11 includes contraceptive counseling, initiation of con-
12 traceptive use, and follow-up care (such as manage-
13 ment, evaluation, and changes to and removal or dis-
14 continuation of the contraceptive method).

15 (9) The Defense Advisory Committee on
16 Women in the Services has recommended that all
17 the Armed Forces, to the extent that they have not
18 already, implement initiatives that inform members
19 of the Armed Forces of the importance of family
20 planning, educate them on methods of contraception,
21 and make various methods of contraception avail-
22 able, based on the finding that family planning can
23 increase the overall readiness and quality of life of
24 all members of the Armed Forces.

(10) The military departments received more than 7,800 reports of sexual assaults involving members of the Armed Forces as victims or subjects during fiscal year 2019. Through regulations, the Department of Defense already supports a policy of ensuring that members of the Armed Forces who are sexually assaulted have access to emergency contraception, and the initiation of contraception if desired and medically appropriate.

10 SEC. 3. CONTRACEPTION COVERAGE PARITY UNDER THE
11 TRICARE PROGRAM.

12 (a) PHARMACY BENEFITS PROGRAM.—Section
13 1074g(a)(6) of title 10, United States Code, is amended
14 by adding at the end the following new subparagraph:

15 “(D) Notwithstanding subparagraphs (A), (B),
16 and (C), cost-sharing may not be imposed or col-
17 lected with respect to any eligible covered beneficiary
18 for any prescription contraceptive on the uniform
19 formulary provided through a retail pharmacy de-
20 scribed in paragraph (2)(E)(ii) or through the na-
21 tional mail-order pharmacy program.”.

22 (b) TRICARE SELECT.—Section 1075 of such title
23 is amended—

24 (1) in subsection (c), by adding at the end the
25 following new paragraph:

1 “(4)(A) Notwithstanding any other provision
2 under this section, cost-sharing may not be imposed
3 or collected with respect to any beneficiary under
4 this section for a service described in subparagraph
5 (B) that is provided by a network provider.

6 “(B) A service described in this subparagraph
7 is any method of contraception approved by the
8 Food and Drug Administration, any contraceptive
9 care (including with respect to insertion, removal,
10 and follow up), any sterilization procedure, or any
11 patient education or counseling service provided in
12 connection with any such method, care, or proce-
13 dure.”; and

14 (2) in subsection (f), by striking “calculated as”
15 and inserting “calculated (except as provided in sub-
16 section (c)(4)) as”.

17 (c) TRICARE PRIME.—Section 1075a of such title
18 is amended by adding at the end the following new sub-
19 section:

20 “(d) PROHIBITION ON COST-SHARING FOR CERTAIN
21 SERVICES.—(1) Notwithstanding subsections (a), (b), and
22 (c), cost-sharing may not be imposed or collected with re-
23 spect to any beneficiary under this section for a service
24 described in paragraph (2) that is provided under
25 TRICARE Prime.

1 “(2) A service described in this paragraph is any
2 method of contraception approved by the Food and Drug
3 Administration, any contraceptive care (including with re-
4 spect to insertion, removal, and follow up), any steriliza-
5 tion procedure, or any patient education or counseling
6 service provided in connection with any such method, care,
7 or procedure.”.

8 SEC. 4. PREGNANCY PREVENTION ASSISTANCE AT MILI-
9 TARY MEDICAL TREATMENT FACILITIES FOR
10 SEXUAL ASSAULT SURVIVORS.

11 (a) IN GENERAL.—Chapter 55 of title 10, United
12 States Code, is amended by inserting after section 1074o
13 the following new section:

14 **“§ 1074p. Provision of pregnancy prevention assist-**
15 **ance at military medical treatment facili-**
16 **ties**

17 "(a) INFORMATION AND ASSISTANCE.—The Sec-
18 retary of Defense shall promptly furnish to sexual assault
19 survivors at each military medical treatment facility the
20 following:

“(1) Comprehensive, medically and factually accurate, and unbiased written and oral information about all methods of emergency contraception approved by the Food and Drug Administration.

1 “(2) Notification of the right of the sexual as-
2 sault survivor to confidentiality with respect to the
3 information and care and services furnished under
4 this section.

5 “(3) Upon request by the sexual assault sur-
6 vivor, emergency contraception or, if applicable, a
7 prescription for emergency contraception.

8 “(b) INFORMATION.—The Secretary shall ensure that
9 information provided pursuant to subsection (a) is pro-
10 vided in language that—

11 “(1) is clear and concise;

12 “(2) is readily comprehensible; and

13 “(3) meets such conditions (including condi-
14 tions regarding the provision of information in lan-
15 guages other than English) as the Secretary may
16 prescribe in regulations to carry out this section.

17 “(c) DEFINITIONS.—In this section:

18 “(1) The term ‘sexual assault survivor’ means
19 any individual who presents at a military medical
20 treatment facility and—

21 “(A) states to personnel of the facility that
22 the individual experienced a sexual assault;

23 “(B) is accompanied by another person
24 who states that the individual experienced a
25 sexual assault; or

1 “(C) whom the personnel of the facility
2 reasonably believes to be a survivor of sexual
3 assault.

4 “(2) The term ‘sexual assault’ means the con-
5 duct described in section 1565b(c) of this title that
6 may result in pregnancy.”.

7 (b) CLERICAL AMENDMENT.—The table of sections
8 at the beginning of such chapter is amended by inserting
9 after the item relating to section 1074o the following new
10 item:

“1074p. Provision of pregnancy prevention assistance at military medical treatment facilities.”.

**11 SEC. 5. EDUCATION ON FAMILY PLANNING FOR MEMBERS
12 OF THE ARMED FORCES.**

13 (a) EDUCATION PROGRAMS.—

6 (2) SENSE OF CONGRESS.—It is the sense of
7 Congress that the education programs under para-
8 graph (1) should be evidence-informed and use the
9 latest technology available to efficiently and effec-
10 tively deliver information to members of the Armed
11 Forces.

12 (b) ELEMENTS.—The uniform standard curriculum
13 under subsection (a) shall include the following:

17 (2) Information about the prevention of unin-
18 tended pregnancy and sexually transmitted infec-
19 tions, including human immunodeficiency virus
20 (commonly known as “HIV”).

21 (3) Information on—

(B) the positive impact family planning can have on the health and readiness of the Armed Forces.

4 (4) Current, medically accurate information.

5 (5) Clear, user-friendly information on—

(A) the full range of methods of contraception approved by the Food and Drug Administration; and

(B) where members of the Armed Forces can access their chosen method of contraception.

12 (6) Information on all applicable laws and poli-
13 cies so that members of the Armed Forces are in-
14 formed of their rights and obligations.

